

Fill in this information to identify the case:

Debtor Name _____

United States Bankruptcy Court for the: _____ District of _____

Case number: _____

Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: _____

Date report filed:

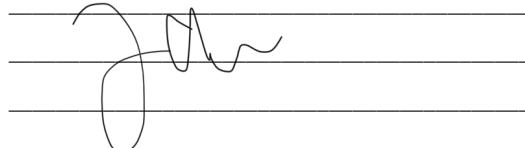
MM / DD / YYYY

Line of business: _____

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:



Original signature of responsible party

Printed name of responsible party

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes No N/A

If you answer *No* to any of the questions in lines 1-9, attach an explanation and label it *Exhibit A*.

1. Did the business operate during the entire reporting period?
2. Do you plan to continue to operate the business next month?
3. Have you paid all of your bills on time?
4. Did you pay your employees on time?
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?
6. Have you timely filed your tax returns and paid all of your taxes?
7. Have you timely filed all other required government filings?
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?
9. Have you timely paid all of your insurance premiums?

If you answer *Yes* to any of the questions in lines 10-18, attach an explanation and label it *Exhibit B*.

10. Do you have any bank accounts open other than the DIP accounts?
11. Have you sold any assets other than inventory?
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?
13. Did any insurance company cancel your policy?
14. Did you have any unusual or significant unanticipated expenses?
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?
16. Has anyone made an investment in your business?

17. Have you paid any bills you owed before you filed bankruptcy?

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ _____

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ _____

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

- \$ _____

Report the total from *Exhibit D* here.

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

+ \$ _____

This amount may be different from what you may have calculated as *net profit*.

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

= \$ _____

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

\$ _____

(*Exhibit E*)

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ _____

(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? _____

27. What is the number of employees as of the date of this monthly report? _____

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ _____

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ _____

30. How much have you paid this month in other professional fees? \$ _____

31. How much have you paid in total other professional fees since filing the case? \$ _____

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	<i>Column A</i> Projected	<i>Column B</i> Actual	<i>Column C</i> Difference
	Copy lines 35-37 from the previous month's report.	Copy lines 20-22 of this report.	Subtract Column B from Column A.
32. Cash receipts	\$ _____	\$ _____	= \$ _____
33. Cash disbursements	\$ _____	\$ _____	= \$ _____
34. Net cash flow	\$ _____	\$ _____	= \$ _____
35. Total projected cash receipts for the next month:			\$ _____
36. Total projected cash disbursements for the next month:			- \$ _____
37. Total projected net cash flow for the next month:			= \$ _____

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.



BUSINESS ANALYZED CHECKING

000000-
00379-001

JOHN BARRETT INC
333 WEST 56TH STREET
9TH FL
NEW YORK, NY 10019

Statement Period:
September 01, 2020
September 30, 2020

Account Number:
XXX-XXX9-5864

At Your Service:
24-Hour Automated Banking System
(800) 392-1407

Page 1 of 2

ACCOUNT SUMMARY

Beginning Balance	\$120,093.80
Total Deposits and Credits	\$0.00
Total Withdrawals and Debits	\$0.00
Total Checks Paid	\$0.00
Ending Balance	\$120,093.80

XXX-XXX9-5864

Average Daily Balance	\$120,093.80
Minimum Balance	\$120,093.80
Service Charges	\$0.00
Interest Paid This Period	\$0.00
Interest Year to Date	\$0.00

MESSAGE

If you receive a call, text or email from a First Republic representative requesting the verification of your password, user ID, PIN, 3-digit CVV number, account number, card number or any other personal information, and you wish to validate the authenticity of the request, please hang up and contact our Client Care Center at (888) 408-0288.



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To BALANCE YOUR ACCOUNT

1. Go through your register and mark each check, withdrawal, ATM card transaction, payment, deposit, or other credit listed on this statement. Be sure your register shows any interest paid into your account and any service charges, automatic payments or transfers withdrawn from your account during this statement period.
2. Using the chart below, list any outstanding checks, ATM withdrawals, purchases made with your ATM card, or any other withdrawals (including any from previous months) which are listed on your register but are not shown on this statement.
3. Balance your account by filling in the spaces below.

ENTER:
The Ending Balance as shown on
this Statement \$ _____

ADD:
Any deposits listed \$ _____
in your register or \$ _____
transfers into your \$ _____
account which are not \$ _____
shown on this statement \$ _____

CALCULATE THE SUBTOTAL \$ _____

► **SUBTRACT:**
The total outstanding checks and
withdrawals from the chart at left — \$ _____

CALCULATE THE CURRENT BALANCE
This amount should be the same as the current balance shown in your check register

\$ _____

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUND TRANSFERS

Please call us at (888) 408-0288 or write us at First Republic Bank, 111 Pine Street, San Francisco, CA 94111 immediately if you believe there is an error on your statement or transaction receipt, or if you need more information about an electronic transaction listed on the statement or receipt. When you call or write us:

1. Tell us your name and account number or ATM Card or ATM/Debit Card number.
2. As clearly as you can, describe the error or the transaction you are unsure about, and explain why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

For personal accounts only: You must report the suspected error to us no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. We will investigate your question(s) and will correct any error promptly. If our investigation takes longer than 10 business days (or 20 business days for new accounts), we will temporarily credit your account for the amount you believe is in error, so that you will have use of the money until our investigation is completed.

For First Republic's 24-hour Automated Banking System, please call 1-800-392-1407.